



CITY OF LODI

RESIDENTIAL MEDICAL DISCOUNT

Customers who qualify under the terms of Schedule MR, Residential Medical Discount, will be entitled to a 25% discount on their electric usage.

Attached is the "Declaration of Eligibility". If you believe that you or a permanent resident of the household may qualify, please:

1. Fill out pages 1 & 2.
2. Have your physician complete and sign page 3.
3. Mail or fax the completed forms to:

**CITY OF LODI
ELECTRIC UTILITY DEPARTMENT
MEDICAL RATES
1331 SOUTH HAM LANE
LODI CA 95242-3995**

Should you have questions or require additional information, please call:

Karen Engelmann
Administrative Clerk
Phone - (209) 333-6762
Fax - (209) 339-0851

**CITY OF LODI
DECLARATION OF ELIGIBILITY
FOR MEDICAL FIRST BLOCK ADJUSTMENT**

Residents of Lodi living in a residence served by the City of Lodi Electric Utility Department and billed under a residential rate schedule may claim eligibility for medical first block adjustment. The medical first block adjustment, available year round, is a 25% electric discount. Before eligibility can be certified, all applicable portions of this form must be completed by the resident and a doctor of medicine or osteopathy licensed to practice in the State of California, and the form returned to:

**City of Lodi
Electric Utility Department
Medical Rates
1331 South Ham Lane
Lodi CA 95242-3995**

Please indicate below which standard(s) of eligibility the patient meets by checking the applicable box(es):

Life-Support Device – A life-support device is any medical device necessary to sustain life or relied upon for mobility. To qualify under this rule, the device must be used in the home and must run on electricity supplied by the City of Lodi. The term “life-support device” includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines and motorized wheelchairs.

() Specify Electric Life-Support Device: _____

Space Conditioning – Medical baseline quantities are available for certain qualified disabled persons requiring City of Lodi supplied energy for additional electric space heating or electric air conditioning needs.

() Paraplegic, hemiplegic, or quadriplegic person

() Multiple Sclerosis patient

() Other medical condition (specify): _____

Note: The City cannot and does not guarantee an un-interruptible supply of electric energy (see Rule and Regulation No. 14). In situations where the medical condition requires and un-interruptible supply of electric energy, the customer is advised to install some type of backup electric energy supply system.

Customer hereby grants the City of Lodi the right of access to the residence at reasonable hours for verification of the information furnished in this declaration. Refusal of access shall be reason for disallowance of the medical first block adjustment claimed.

This certification will be valid only for a one-year period from the date shown below, and, if necessary, will be reviewed after that period.

Account Holder/Customer (signature)

Date

CITY OF LODI
Account Holder/Customer Information

The Account Holder/Customer must complete sections A and B of this form.
Section C is optional.

Please print or type.

Section A

Account Holder/Customer Name

Daytime Phone Number

Service Address

Zip Code

Mailing Address (if different)

City of Lodi Account Number

Section B

Name of qualifying Person/Patient living at above service address

Relationship to Account Holder

Section C

THIRD PARTY NOTIFICATION (OPTIONAL)

You may designate a "3RD PARTY" to be notified in case your city utilities (water and electricity) are scheduled for a planned interruption, or are scheduled for disconnection due to non-payment.

The person you designate as your 3RD PARTY is under no obligation to pay your utility bill. The notification will just provide the opportunity for your friend or relative to help you understand the circumstances and avoid being without city utility services.

Third Party Name

()

Third Party Phone Number

Third Party Address

City / State / Zip

